

Field Treatment

1. Basic airway/spinal immobilization prn/control major bleeding prn
2. Oxygen

Note: ①

- 3 Stabilize flail segment and seal sucking chest wounds prn.
- 4 If unilateral breath sounds and signs of tension pneumothorax, consider removal of sealed dressing and consider needle thoracostomy

②

- 5 Advanced airway prn

Note: ③

- 6 Cardiac monitor/document rhythm and attach EKG strip

④

PERFUSING

7. Venous access
8. If head trauma, consider reverse Trendelenburg position
9. Splints/dressings prn
10. Reassess for potential deterioration

POOR PERFUSION

7. Shock position prn
8. Venous access
9. Fluid resuscitate
10. Splints/dressings prn

Special Considerations

- ① Hyperventilation if signs or symptoms of ICP.
- ② Indications for needle thoracostomy may include a combination of unilateral breath sounds and:
 - ✓ Confusion
 - ✓ Cyanosis
 - ✓ Hypotension
 - ✓ Jugular vein distention
 - ✓ Respiratory distress
 - ✓ Shock leading to cardiac arrest
 - ✓ Subcutaneous emphysema
 - ✓ Tracheal deviation
- ③ DO NOT delay transport for treatment.
- ④ Treat dysrhythmia by appropriate guideline.